

## Owen County Council

### 2017 Community Services Grants Program Summary

For 2016, the Owen County Council expects to award one cycle of **grants for community services to nonprofit organizations conducting programs or projects involving:**

- |                                     |                          |
|-------------------------------------|--------------------------|
| <b>A. Adult and Youth Education</b> | <b>E. Public Safety</b>  |
| <b>B. Emergency Shortages</b>       | <b>F. Public Service</b> |
| <b>C. Food and Shelter</b>          | <b>G. Transportation</b> |
| <b>D. Health</b>                    | <b>H. Veterans</b>       |

The Grants Review Committee shall focus on the following criteria when reviewing grant applications:

- Projects must primarily serve Owen County residents.
- Likelihood of success of the proposal (i.e., will the dollar amounts sought likely accomplish the professed goal of the proposal?)
- Partnerships or leveraged – whether the funds will serve to bring other partners or funding to the project?
- Operational expenses such as travel, conference costs, ongoing support or expense costs, maintenance costs, etc., shall be given low priority in award decisions, but shall not be necessarily excluded from consideration.

An organization that is doing charitable work without an IRS 501(c)(3) determination may be awarded a grant if a fiscal agent is designated. The fiscal agent must have IRS 501(c)(3) status and agree to monitor and report on the grant.

Grants will be made for one (1) time only for the calendar year, and reports on the project's accomplishments and finances are required during and at the end of the grant period. New for this grant cycle, a representative from each applicant organization will be scheduled for an in person interview.

**Grant Application Form:** An electronic template of the application form is available at our website: [www.owencounty.in.gov](http://www.owencounty.in.gov). Click the "Reports and Forms" tab for the drop down list. Save the **2017 Community Services Grant Application** form onto your computer so you can fill it in later.

NOTE: *Applicants cannot complete the form online and submit it directly or by email.*

Hardcopy application forms to be filled in by hand also are available at the Owen County Auditor's office in the Courthouse or by calling 812-829-5000.

**Due Date:** The Owen County Council has one grant cycle per year for Community Services Grants.

***Applications for 2017 grants are due by 4:00 p.m. on Wednesday, September 21, 2016.***

**Delivery:** Submit **six (6) copies** of the application form (*do not include any attachments*) to:

Owen County Council Grants Review Committee  
c/o Owen County Auditor  
50 S. Main Street  
Spencer, IN 47460

**Questions:** Please contact Auditor, Mike Wood at [auditor@owencounty.in.gov](mailto:auditor@owencounty.in.gov) or 812-829-5000

**Notification on Grant Awards:** The Grants Review Committee evaluates applications and makes recommendations to the Owen County Council in December 2016). In January 2017, applicants will be notified by letter of funding decisions. Grant recipients must sign an Owen County Council Community Services Grant Agreement prior to receiving their checks.

**OWEN COUNTY COUNCIL  
2017 COMMUNITY SERVICES GRANT APPLICATION**

**I. ORGANIZATION INFORMATION**

**Organization** \_\_\_\_\_

**Is the organization tax exempt under IRS 501(c)(3)?** \_\_\_\_\_ **EIN#** \_\_\_\_\_

**If organization is not IRS 501(c)(3), who will serve as fiscal agent if a grant is awarded?**

**Organization's charitable purpose:**

**Organization Director** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**If organization serves multiple counties, give location and hours/week of Owen Co. program**

**Board of Directors (*names only*):**

**Approximate number of volunteers for the organization who live in Owen County** \_\_\_\_\_

**List typical volunteer activities:**

**Sources of total organization revenue in the most recent fiscal year:**

\_\_\_\_\_ % from donations including individuals, private grants, United Way, fundraising events

\_\_\_\_\_ % from government support including local, state, and federal grants

\_\_\_\_\_ % from service fees

\_\_\_\_\_ % from other sources (describe) \_\_\_\_\_

**Total organization expenses in the most recent fiscal year** \_\_\_\_\_

**Endowment or reserve funds at end of most recent fiscal year** \_\_\_\_\_

**Total organization budget for current fiscal year** \_\_\_\_\_

**Current debt** \_\_\_\_\_

**II. Grant Request**

Title of program or project \_\_\_\_\_

- Focus (check):
- |  |   |
|--|---|
| <input type="checkbox"/> Adult & Youth Education | <input type="checkbox"/> Public Safety  |
| <input type="checkbox"/> Emergency Shortages     | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Food & Shelter          | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health                  | <input type="checkbox"/> Veterans       |

Anticipated start date \_\_\_\_\_ Anticipated completion date \_\_\_\_\_

Define the problem or unmet need that this project will address:

How many Owen Co. residents will benefit from the project? \_\_\_\_\_ per year

Describe your project and identify the project's innovative approach:

What activities will be implemented?

Who will implement these activities? \_\_\_ # staff \_\_\_ # volunteers

Describe your criteria for a successful project:

How will you measure success?

**\*Important\*** Please provide contact information. This information is necessary to arrange interviews and notify of award status

Name

Phone number

Cell number

**III. PROJECT BUDGET**

*Show a balanced project budget, prorating expenses and revenues for Owen County as necessary*

<b>EXPENSE BUDGET: List items needed for this project</b>	<b>Total Amount Needed</b>	<b>Amount Requested from County Council</b>
<b>TOTAL COSTS FOR THIS PROJECT</b>	<b>\$</b>	<b>\$</b>

<b>REVENUE BUDGET: List fund sources for project</b>	<b>Amount Committed</b>	<b>Amount Pending</b>
Owen County Council Community Services Grant:		
Your organization's contribution to this project:		
List other sources of funds for this project:		
<b>TOTAL FUNDS FOR THIS PROJECT</b>	<b>\$</b>	<b>\$</b>

**If the Owen County Council provides a grant of less than the amount you request, how will your project be adjusted?**

**If the Owen County Council provides a grant this year, what steps will you take during the year to grow the funding base to sustain the project in future years?**

**IV. APPLICATION AGREEMENT AND SIGNATURES**

As authorized representatives of our organization, we have reviewed the grant application for completeness and certify that all the required information is accurate. If the applicant organization is awarded this grant, in full or in part, the undersigned agree to acknowledge and recognize the support of the Owen County Council in this project in all announcements and written materials. As an officer and/or employee of this organization, we further agree to send the Owen County Council copies of announcements, including newspaper, newsletter and magazine articles related to this project.

Further, as an authorized representative of this organization, we agree to:

- 1. See that the funds are used solely for the stated purpose.
- 2. Have the organization repay any portion of the amount which is not used for the purpose of the grant.
- 3. Return any unexpended funds if the organization is notified by the Internal Revenue Service of its loss of 501(c)(3) or nonprofit status.
- 4. Submit a final report thirty (30) days after the completion of this project. We understand that our organization's failure to submit its final report will preclude it from being awarded future grants from the Owen County Council.

\_\_\_\_\_  
**Signature of Board President**

\_\_\_\_\_  
**Signature of Organization Director**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Phone**                      **Date**

\_\_\_\_\_  
**Phone**                      **Date**

*As necessary, please use this space to continue any part of the grant application that could not be entered into the space provided. We will review only this four page application. No attachments will be accepted.*